LOUISVILLE WEB LAB

Stop The Bleeding Checklist

Every place a practice loses patients after the click, and how to close each one.

Go through this with whoever answers your phone. It takes about thirty minutes. Tick a box only if you checked it this week. *I think so* counts as a no. Every unticked box is a place a patient who already chose you is quietly going somewhere else.

The sections are in the order I would fix them. The first response comes before the website, because there is no point sending more people to a reply that takes a day. There is no call attached to this and nothing to book. Use it with whoever handles your marketing today.

SECTION 1

Start here: time your own response

Five minutes tonight. It is the most useful number in this whole checklist, and you can verify it yourself.

- [ ] **After you close, fill out your own website form from your phone, using a personal email address nobody at the practice will recognize. Write down the time somebody replies.**
  Whatever that number is, it is what every patient who finds you at nine at night experiences. If the answer is tomorrow morning, start with the next section.

- [ ] **Call your main number after hours. Does anything answer that lets the caller book or leave a request that someone acts on?**
  A voicemail box that gets checked at ten the next day is not an answer. A text back with two or three appointment times is.

SECTION 2

The first response

In an audit of 2,241 companies, the average first response to an inquiry was 42 hours. Only 37 percent answered within the hour.

- [ ] **A new form inquiry alerts a named person by text, not only an inbox that nobody watches on a Saturday.**
  Route form notifications to a phone. Inbox-only alerts are how Friday-night inquiries sit until Monday.

- [ ] **Every inquiry gets a reply within five minutes, day or night, that offers specific times.**
  An automatic text that asks what they need and offers two or three times, handed to a person during office hours. Responding inside five minutes made contact roughly 100 times more likely than waiting thirty.

- [ ] **A missed call gets a text back within a minute.**
  Most phone systems and GoHighLevel can do this. Something like: Sorry we missed you, this is the practice. What can I help with?

- [ ] **One person owns new inquiries each day, by name.**
  Not the front desk generally. When everybody owns it, nobody does, and the inquiry waits.

SECTION 3

Follow up until you get an answer

Most inquiries that go quiet are not saying no. They are busy, and the next practice that follows up gets the appointment.

- [ ] **A person who does not answer gets at least five attempts over about ten days, mixing calls, texts and email.**
  Write the sequence down once so it does not depend on who is working that day.

- [ ] **Every attempt is logged where the next person can see it.**
  If two staff members call the same person on the same morning with different stories, you have lost them.

- [ ] **Nothing clinical goes in a text or an email. Follow-up is about scheduling only.**
  If a message would be embarrassing read aloud in a waiting room, it does not go in a text. Check this with whoever handles compliance for your practice.

SECTION 4

From booked to in the chair

A booked consultation is not a patient. These are the steps between the two.

- [ ] **New patients get reminders at roughly 24 hours, two hours and fifteen minutes before the appointment.**
  Most no-shows are forgetfulness, not lost interest. Three reminders are cheap.

- [ ] **A no-show gets a call the same day to rebook, not a note in the file.**
  The longer the gap, the less likely they come back at all.

- [ ] **You keep a short-notice list, and somebody works it when a slot opens.**
  A cancelled Thursday slot filled off the list is a case. Left empty, it is lost production.

SECTION 5

From consultation to started case

This is where the money is decided. A full consult schedule with a low start rate is a presentation problem, not a marketing one.

- [ ] **Every consultation that did not start treatment gets a follow-up within 48 hours from the person who presented it.**
  Same person, same numbers, a real question about what is holding them back.
- [ ] **Financing is presented in the consultation, not only when the patient asks.**
  For a high-ticket case, the monthly number is often the deciding number.
- [ ] **You know your start rate on consultations for the service you want more of.**
  Count the last twenty consults and how many started and paid. If you cannot count it, that is the first leak.

SECTION 6

Money already in your software

The cheapest patients you will ever get are the ones you already paid to acquire.

- [ ] **You have pulled the list of patients who accepted treatment and never scheduled it, with the total value.**
  Somebody can work that list next week. It needs no advertising at all.
- [ ] **You have pulled the list of patients not seen in eighteen months.**
  A short, plain message from the practice, not a promotion, brings a share of them back.
- [ ] **Somebody owns working both lists, with a date to finish.**
  A list that gets pulled and then sits in a folder has the same value as no list.

SECTION 7

The page they land on

Fix this after the response. A faster page sending inquiries to a 42-hour reply just loses them faster.

- [ ] **The page loads in under three seconds on a phone, tested on cellular data rather than office Wi-Fi.**
  Large images and sliders are the usual cause.
- [ ] **The phone number is tap-to-call at the top of the page on a phone.**
  If they have to scroll or copy it, some of them will not.
- [ ] **The page matches the ad. An ad about implants lands on an implant page, not the homepage.**
  Every extra click between the ad and the answer loses people.
- [ ] **The form asks only what you need to call them back: name, phone, email, and what they want.**
  Insurance, date of birth and medical history belong on the call or the intake, not the first form.

SECTION 8

Knowing where patients came from

If you cannot name the source of last month’s new patients, you cannot tell which spend to cut.

- [ ] **For each new paying patient this month, you can name where they came from.**
  Ask at booking and record it in the same field every time.
- [ ] **Calls from ads and from Google are tracked on their own numbers.**
  Otherwise every call looks like it came from nowhere, and the channel that works gets cut.
- [ ] **Your Google Business Profile has correct hours, the right services, and a booking or contact link that works.**
  Check it on a phone. It is often the first thing a patient sees, before your website.
- [ ] **New Google reviews get a reply within a week.**
  Never confirm someone is a patient in a public reply. Thank them and keep it general.

Count your unticked boxes out of 26. Do not try to fix them all at once. Take the first unticked box in the earliest section and fix that this week. Then the next one.

The 2,241-company response figures are from *The Short Life of Online Sales Leads*, Harvard Business Review, March 2011. The five versus thirty minute contact figure is from the Lead Response Management Study by James Oldroyd, 2007. Nothing in this checklist is legal or compliance advice.

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